

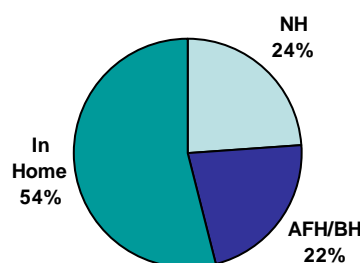
Fact Sheet:

In-Home Care for people with functional disabilities

This Fact Sheet describes ADSA services available to people living at home.

Overview

More than one-half of ADSA's clients receive services in their own home (March 2005).



Eligibility for Services

DSHS clients may receive help with personal care and household tasks when other resources are not available to meet the needs of the client. Personal care tasks include assistance with: bathing, bed mobility (turning and repositioning), body care, dressing, eating, ambulation, medication management, toilet use, transfer, and personal hygiene. Household tasks may include meal preparation, ordinary housework, essential shopping, wood supply, travel to medical services, managing finances, and telephone use.

Clients whose care is funded by waiver services (see Funding below) may be eligible to receive additional services such as: adult day care, personal emergency response system, environmental modification, home delivered meals, home health aide, skilled nursing, specialized medical equipment, nurse delegation, training, and transportation.

Clients may choose to receive their personal care and household services through

- an individual provider, who is the employee of the client, **or**
- a home care agency, licensed by Department of Health and contracted with the Area Agency on Aging (AAA).

A service plan, developed with the client, informal caregivers, and paid providers includes the tasks that will be performed by formal and informal caregivers as well as client preferences, strengths and limitations and referral needs.

Clients must be age 18 or older. Clients must meet both the financial and functional eligibility requirements in order to receive services

Functional Eligibility

A social worker or nurse uses the CARE assessment tool to determine functional eligibility. Specific health, medical, psychological, and behavioral information that affects the person's ability to complete personal care and household tasks is documented within the assessment tool.



Case Management

Functional eligibility is based on a person's **unmet** needs for personal care, those tasks that are not being provided by informal caregivers or a community resource. A social worker or nurse authorizes the number of service hours based on the person's unmet needs and within the constraints of the program.

Functional eligibility must be reviewed at least once a year, or more often if the person's care needs change. Functional eligibility requirements vary between funding sources. To receive waiver funded services, a person must be at risk of nursing home placement within thirty days.

Financial Eligibility

To be eligible for Medicaid, a person's income and resources must be within limits set by law. Limits vary depending on the source of funding and on a person's living situation and marital status. Some people may be notified by financial that they might have to pay towards the cost of some of their services.

Home and Community Services (HCS) determines initial eligibility and authorizes services.

People are required to report financial changes as they occur. Financial eligibility must be reviewed at least once each year, or more often if financial situation changes.

Any older person or adult with a disability who is seeking long-term care is initially assessed by Home and Community Services (HCS) social workers. After eligibility has been determined, HCS develops an initial care plan and services are begun. At this time the files of clients who are living at home are transferred to the Area Agency on Aging for case management. HCS provides case management for a client who is seeking or residing in a residential program.

Case management includes:

- A comprehensive assessment of individual needs;
- Development of a detailed and individualized service plan;
- Authorization of payment to the providers for personal care services;
- Coordination with other services where appropriate;
- Periodic monitoring/verification of service provision;
- Periodic personal or telephone contact to monitor client's status;
- Discharge and termination planning.

Based upon workload standard studies conducted in 2002 and 2004, the legislature appropriated funding to support a case handling to client ratio of 65:1.

Self-Directed Care

People receiving services in their own home may choose to self-direct their individual provider in performing health-related tasks that a person without a functional disability would usually perform without help. Someone who chooses to self-direct care must inform his or her licensed health care professional, and train, direct, and supervise the provider.

Nurse Delegation

Nurse delegation is a service option that provides training and nursing oversight for qualified caregivers to perform delegated nursing tasks. Clients who receive nurse delegation services must be considered “stable and predictable” by the delegating nurse, lack informal support to provide the delegated task, and be unwilling or unable to self-direct their care. Tasks that under law may not be delegated are: sterile procedures, administration of medications by injection, maintenance of central intravenous lines and acts that require nursing judgement.

Provider Requirements

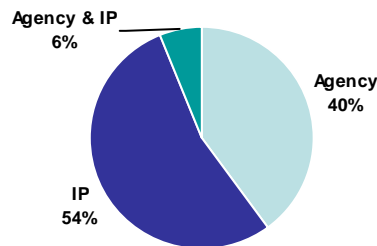
Individual providers and home care agency providers must meet certain requirements. Providers must:

- Be at least eighteen years old,
- Pass a criminal background check,
- Successfully complete orientation before providing services,
- Complete DSHS-approved training, which includes the 28-hour *Revised Fundamentals of Caregiving* and ten hours of continuing education each following year.

Additionally, individual providers must sign a Client Service contract.

DSHS and AAAs evaluate and monitor individual providers before they are hired and throughout their employment. Social workers have the right to deny a client's choice of provider, or terminate a provider who provides poor quality of care or jeopardizes the health, safety, or well being of the client. The social worker may summarily suspend a provider's contract when there is a reasonable good faith belief that the client is in imminent jeopardy.

More in-home clients receive care from Individual Providers (July 2005)



Rates and benefits

In-home providers are paid on an hourly rate. Clients receive their care from their choice of qualified provider(s). The monthly hours authorized for each client is determined through a CARE assessment.

The hourly rate for individual providers is \$9.20, and the hourly agency rate is \$15.28 an hour.

The legislature has appropriated funds to provide medical insurance for home care workers that work at least 20 hours a week for state funded clients. Health insurance for Individual Providers is available through either the SEIU Taft-Hartley Health Insurance Trust or the Basic Health Plan (BHP).

Health insurance for eligible home care agency employees is available through the BHP or through a private market plan. The maximum state reimbursement for monthly premiums cannot exceed \$447.00 per person and the premium cost must be allocated across all of an agency's funding sources.

Individual Providers who work at least 20 hours a week are also eligible to receive dental and vision benefits and beginning July 1, 2006 one hour of paid

time off for every 50 hours worked.

Home care agencies establish additional benefit packages for their employees out of the hourly vendor rate paid by the state.

Funding Sources

Three Medicaid programs – Medicaid Personal Care, Medically Needy In Home Waiver (MNIW) and the COPES waiver program – are the primary payment sources for state-funded in-home services. Service eligibility and financial eligibility are different for each payment system. Other funds pay for in-home respite and other services.

Medicaid Personal Care, MNIW and COPES are Title 19 programs; they are funded by state and federal funds.

Quality Assurance

On a regular basis ADSA surveys both AAAs and regional HCS offices for regulatory compliance with state and federal requirements. On average 5 % of the active caseload is reviewed during an audit cycle

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For more information visit our web site at

Photos by Carole Huff

www.adsa.dshs.wa.gov